

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6139</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Douglas</u> <u>H</u> <u>Dority</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>191 Kimmes Lane</u> City <u>Breckenridge</u> State <u>Colorado</u> ZIP Code + 4 <u>80424</u>	4. Name, file number, and address of labor organization. Name <u>UFCW International Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>President (Retired 2-29-04)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Ahold USA, Inc.</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1385 Hancock St.</u> City <u>Quincy</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02169</u>	7.a. Nature of Interest, Transaction, or Income. <u>Business dinner; amount is based upon a per person charge, which overstates the amount attributable to respondent.</u> 7.b. Amount. <u>\$230</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Douglas H Dority

On

8-10-05

Date

(941) 223-3195

Telephone Number

Name of Person Filing Douglas Dority

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Int'l Union - Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 301 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Fund receives contributions from employers according to local union collective bargaining agreements and pays benefits to UFCW members as required by those agreements. The amount in 11.b. reflects approximate 2004 contributions to the plan.

11.b. Approximate dollar value of such dealing.

\$8,200,000

12.a. Nature of interest held or income received.

Meals or receptions while attending trustee meetings; amounts are based on per person charges.

12.b. Amount.

\$171

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 301 East Ohio St.

City Chicago

State Illinois

ZIP Code + 4 60611

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Int'l Union - Industry Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 301 East Ohio Street

City Chicago

State Illinois

ZIP Code + 4 60611

11.a. Nature of such dealing.

Zenith is the plan administrator.

11.b. Approximate dollar value of such dealing.

\$5,800,000

12.a. Nature of interest held or income received.

Meal at trustee meeting.

12.b. Amount.

\$84

Name of Person Filing Douglas Dority

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GESD Capital Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1450

Street 221 Main Street

City San Francisco

State California ZIP Code + 4 94105

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any: P.O. Box 11102

P.O. Box, Bldg., Room No., if any

Street 301 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611-0102

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

The trust invests in GESD pursuant to the decision of a professional investment manager.

11.b. Approximate dollar value of such dealing.

\$87,500

12.a. Nature of interest held or income received.

Meal.

12.b. Amount.

\$72